

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/700448

FILED DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		★		★		★	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/										
2	/					51	/				
3	/					52	/				
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49	/					98					
50	/					99					
51	/					100					
TOTAL						TOTAL					
IND.						IND.	7				
DEP.						DEP.	47				
TOTAL						TOTAL	54				
CLAIMS						CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631

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